
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy & Marine Corps Medical News (MN-00-15) - April 14, 2000

The Navy Bureau of medicine and Surgery distributes Navy and Marine Corps Medical News (MEDNEWS) to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families.

MEDNEWS is a weekly compendium of news and information contributed by commands throughout the Navy Medical department. Information contained in MEDNEWS stories is not necessarily endorsed by BUMED, nor should it be considered official Navy policy.

To achieve maximum medical information distribution, your command is highly encouraged to distribute MEDNEWS to ALL HANDS electronically, include MEDNEWS in command newspapers, newsletters and radio and TV news programs.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: DoD places new emphasis on patient safety

Headline: DOD's administrative, medical Anthrax vaccination exemption policies

Headline: From welfare mom to Navy medical detective (photos)

Headline: Technology and patient care highlight new Lemoore hospital (photos)

Headline: SMART recruits stay healthy, stay in

Headline: Operational preventive medicine course: Forum for lessons learned

Headline: Symposium will present combat trauma management techniques

Headline: Anthrax question and answer

Headline: TRICARE question and answer

Headline: Healthwatch: Vaccine not the first choice for Lyme disease

-USN-

Headline: DoD places new emphasis on patient safety

By Staff Sgt. Kathleen T. Rhem, USA, American Forces Press Service

WASHINGTON -- DoD is responding in several ways to President Clinton's call for a 50 percent reduction in preventable medical errors within five years.

A February White House release unveiled several initiatives to increase patient safety in the United

States. The White House specifically called for several actions within the Defense Department.

"One of our top priorities is providing not only quality healthcare, but safe healthcare," said Dr. Sue Bailey, assistant secretary of defense for health affairs. She said DoD medical experts are focusing on three main areas: adverse event reporting, an improved pharmacy database, and computerized patient records.

DoD already has stricter reporting requirements than most states, Bailey said, but now the department is attempting to take that even further. "We report healthcare providers to the National Practitioners Databank when appropriate. And we report sentinel events that may result in loss of life or limb, events where someone may die or when a surgical event goes terribly awry, to the Joint Commission on Accreditation of Healthcare Organizations," she said.

Now DoD is attempting to implement a reporting system for less serious mistakes so healthcare providers can learn from them and prevent them in the future. "We need to provide an environment of learning that is nonpunitive, where there are no reprisals, so we can not only prevent an error from occurring today, but prevent lots of errors from occurring tomorrow," Bailey said.

The department is even taking the extra step of reporting "near misses," modeled after the Air Force's practice of studying close calls in aviation.

"Did we almost give the wrong medication? Did we almost make a mistake?" Bailey said. "What are we doing that we nearly had a serious accident? Everyone has to be willing to identify, on a voluntary basis, an error that occurred or almost occurred."

Another area of further improvement is pharmacy services, Bailey said. DoD is now planning its new Pharmacy Data Transaction System, which will send up a computerized red flag to tell the pharmacist there could be a problem with a patient's prescription. The real advantage of this system is that it will combine the information from military pharmacies, the National Mail Order system, and network retail pharmacies. The current system can only identify potential prescription problems in military facilities and it does not link the military facilities.

"This is particularly important for our people in the military, who move from place to place," Bailey said. In the future, she said, the system will alert pharmacists to possible adverse drug interactions, duplicate prescriptions and past allergic reactions.

A third area being examined is medical record keeping. "We realize in the military that medicine has come a long way, but our ability to record what's going on medically has not come along as quickly as we would like," Bailey said. She explained that this is true in the private sector as well, where there are "storerooms filled with x-

ray films from years ago."

Bailey suggested advancements such as teleradiology, digital information, and computerized patient records would help offset this problem. To that end, DoD is in the final stages of developing and testing the Composite Health Care System II, a computerized patient record. It will be tested this year at Tripler Army Medical Center, Hawaii; Naval Medical Center Portsmouth, Va., and Langley Air Force Base Hospital in Virginia and Seymour Johnson Air Force Base, Hospital, N.C. The system will be phased in throughout DoD over the next three years.

"All of us who ever wore the uniform remember trekking around with our own records from place to place," Bailey said. That's not the best or the safest system, and it's one that's going to change, she remarked.

"We really need to know what's happening when individuals come in, whether for an episodic visit or so we can understand how to promote good health for them and prevent problems in the future," she said.

She said part of safety in medicine is continuity of care. "We need to know what happened to you last time you came in. We need to know your health history," she said. "We need to know your family's health history in order to make good decisions about a diagnosis today and treatment in the future."

One area the military medical system leads the civilian sector is in the number of hours physicians in training are allowed to work. In addition to limitations on work hours, military interns, residents and other trainees are not allowed to moonlight.

"We control the hours they work so they're more alert and we keep errors to a minimum," Bailey said.

She said human error is always a factor in patient safety, but DoD is taking steps to minimize it. "We're restricting the hours they work so they can be fresher, smarter and safer for our patients," Bailey said.

-USN-

Headline: DOD's administrative, medical Anthrax vaccination exemption policies

From Department of Defense public affairs

WASHINGTON - The Department of Defense recently released two new addendums to the anthrax vaccination policy that clarify administrative and medical exemptions to the program.

The administrative and medical exemptions only affect selected personnel, and neither policy changes the requirement for the overall Anthrax Vaccination Immunization Program as a means to better protect military and emergency essential civilian personnel

The administrative policy is applicable to retiring and separating military personnel who are not going to be members of the selected reserve and who do not plan to immediately re-enlist.

It also applies to civilian employees and contractors

leaving a position subject to the AVIP with 180 days or less of service or employment remaining.

It applies to people who have already begun the vaccine series prior to their last 180 days of service as well as those who have not yet begun the series. This administrative exemption does not apply to people whom the commander determines shall receive the vaccine because of overriding mission requirements.

Medical exemptions should be applied only when medically warranted, with the overall health and welfare of the patient clearly in mind. There are five situations that permit temporary medical exemptions: Immunosuppressive therapy, radiation therapy, acute illnesses, post surgery, pregnancy.

The medical exemption policy is effective immediately. The administrative policy is effective no later than 60 days from the policy announcement which occurred March 6, 2000 for service members and civilian personnel who are not members of a bargaining unit (union).

Both policies are posted under the subcategory "policies" on the Anthrax Vaccine Immunization Program website at <http://www.anthrax.osd.mil>.

Additional information about anthrax and the anthrax vaccine is available by calling the AVIP toll-free number atl-877-get-vacc (1-877-438-8222).

Points of contact. OASD Plans contact is Lt.Col. Kuhn at (703) 697-6163, DSN 227-6163, margaretkuhn@osd.pentagon.mil. OASD media POC is Jim Turner at (703) 697-5135, DSN 227-5135, James.turner@osd.pentagon.mil.

-USN-

Headline: From welfare mom to Navy medical 'detective'
By Rudi Williams, American Forces Press Service

WASHINGTON -- At age 18, Linda A. Murakata was a single parent fighting the stigma of being on welfare. At the end of each month, she never had enough money for food or the bare necessities for herself and her infant daughter.

Murakata is now a successful medical doctor and Navy commander, a potent symbol of strength, perseverance and endurance. She works at the Armed Forces Institute of Pathology at Walter Reed Army Medical Center in Washington.

Born in Manhattan on July 9, 1950, she's the oldest of three children of a Chinese father and an African American mother.

Her father died when she was five and her mother moved to Long Branch, N.J., to be closer to Murakata's grandmother in Eatontown, N.J.

Providing for five young children wasn't easy for Murakata's mother, who earned a living taking in laundry and cleaning, and cooking. She later worked as a cook in various restaurants, hotels and spas, Murakata said.

"We were basically on our own and raised ourselves," said Murakata, one of two siblings who graduated from college. With the help of school loans, her brother,

Anthony Lew Seto, graduated from Trenton (N.J.) State College in 1973 with a degree in computer technology.

With no real direction in life, Murakata managed to finish high school, but not before running into trouble. "I was in my third month of my senior year at Long Branch Senior High School when my mom kicked me out of the house for skipping school," she said. "I was taken in by my grandmother and graduated from Monmouth Regional High School in Shrewsbury, N.J."

On Oct. 11, 1968, a few months after graduating from high school, she gave birth to her daughter, Kelly. The baby's father joined the Marine Corps and left the area immediately.

Jobless with no husband, Murakata went on welfare before she left the hospital. Several desperate months later, she was so anxious to get off welfare that she rushed into a mismatched marriage to an older man.

"After about a month of marriage, he was arrested for writing bad checks," she said.

On her own again and back on welfare, Murakata was able to get a job as a secretary using the business skills she learned in high school. She worked for about three years at an intermediate care facility, the Witmer House Inc. in Long Branch.

Murakata said working for the black-owned facility was the starting point for her awakening into self-esteem, respect and pride as an African American woman. Her boss encouraged her to take a college accounting course, which she did.

"From this first taste of success, I discovered that I could no longer be content in a secretary job," she said. She devised a plan to move forward in life.

Coming from a family with a long military history, she saw the armed forces as a vehicle to success. In August 1972, Murakata joined the Air Force. She completed radio operator training and later married a staff sergeant named Cardona.

When her four-year tour of duty was up in 1978, Murakata decided to get out and go to college full-time. She earned a bachelor's degree in biology in 1981 with a minor in chemistry.

During her junior year of college, while working as a pharmaceutical company summer hire, her supervisor pushed her into applying to medical school.

"I never thought I was smart enough to become a doctor, but she kept telling me that I was as smart as any doctor she knew," she said.

The commander graduated in 1985 with a degree in medicine from the University of Medicine and Dentistry at the New Jersey Medical School in Newark, N.J. She returned home to Long Branch to do her residency at Monmouth Medical Center. She finished four years of anatomical and clinical pathology and a year of internal medicine in 1990.

Murakata discovered a liking for pathology during her

internship.

"You get constant 'stroking' to your ego when you are faced with a difficult case and then are able to make a good diagnosis," she said. "It's like being a detective and solving a mystery. "

Murakata said she never thought she would serve in the military again, "Then along came a Navy medical recruiter who promised me the 'world' -- a job at the Armed Forces Institute of Pathology in Washington -- and that was an offer that I could not turn down".

Murakata currently holds three staff positions in three different departments at the Institute of Pathology -- staff pathologist in the Department of Hepatic and Gastrointestinal Pathology, staff pathologist and officer in charge of the POW registry in the Department of Environmental and Toxicological Pathology, and an associate editor for institute's Center for Scientific Publications.

"I enjoy being in the military again and really love my job," she said. "I plan on staying in and hope to retire when I'm an admiral -- just kidding."

-USN-

Headline: Technology and patient care highlight new hospital at Lemoore

By Lt. j.g. Don Capoldo, Naval Hospital Lemoore

LEMOORE, Calif. - A state of the art information management system, the latest in x-ray technology, telemedicine and birthing rooms for moms highlight the new Naval Hospital Lemoore, scheduled to open in mid April.

The new hospital, described as a technological marvel, is a 150,000 square foot facility, and it will provide services to more than 30,000 active duty members, their families and local retirees.

"Our staff has been gearing up for this move for a long time," said Capt. Christine Bruzek-Kohler, NC, commanding officer of Naval Hospital Lemoore, Calif. "The excitement I see here is both invigorating and infectious. This is one of the most beautiful health care facilities I have ever seen."

Some of the new technology includes Naval Hospital Lemoore's Information Resource Management Department (IRMD). Extended data lines and more phone lines will expedite processing information and communication to and from the facility.

"In the new hospital, we have over 1200 data drops and 800 phone lines. In addition to that, we have video teleconferencing, telemedicine and digital imaging capabilities," said Lt. Brett White, MSC, who is head of the IRMD.

The new hospital will also increase its telemedicine and video teleconferencing capabilities via expanded Integrated Systems Data Network lines, providing access to specialized physicians. Telemedicine consultations expedite treatment for the patient while saving travel time and cost.

A major concern of hospital patients is long wait times

at the pharmacy.

"Our customers will be pleasantly amazed with the changes," said Lt. Ronda Bryant, MSC, pharmacy department head. "We are the first Naval Hospital to purchase the ScriptPro robotic prescription dispensing system and the AudioCARE telephone prescription refilling."

Moms and babies were not forgotten in the design on the new naval hospital Lemoore. Closer association between a mother and her new infant are stressed in room accommodations.

"The new hospital will have what we call labor, delivery, recovery and post-partum or LDRP's," said Sandy Stinger, the OB/GYN project manager at the hospital. "That means mom comes into one private room to have her child, and she does not leave until she and baby are ready to go home."

-USN-

Headline: SMART recruits stay healthy, stay in

By Lt.j.g. Alex G. Montgomery, MSC, Naval Hospital Beaufort

PARRIS ISLAND, S.C. -- Marine recruits are getting SMART and that is helping reduce the boot camp dropout rate at Parris Island.

The Sports Medicine and Rehabilitation Therapy or SMART clinic is one of a handful of initiatives that Naval Hospital Beaufort's Branch Medical Clinic, Parris Island has implemented to keep recruits healthy and injury-free.

Medical attrition - leaving recruit training for medical reasons - accounts for almost three-quarters of all attrition here.

"It's a huge problem," said Cmdr. Scott Flinn, MC, senior medical officer and sports medicine physician at the Branch Clinic.

The problem, though, appears to be on the mend. Medical attrition is down from 13 percent in 1998, to 9 percent last year. Those recruits who leave boot camp for "failing to adapt" - the largest category of controllable medical attrition - fell from 889 recruits in 1998, to 426 recruits in 1999, a drop of more than 50 percent.

The SMART clinic combines three previously separate departments - sports medicine, physical therapy and podiatry - into one coordinated operation.

"This way [recruits] can be seen by the physician and start their rehab as soon as possible," Flinn said.

In the past, recruits often had to wait two or three weeks to be seen by the physical therapist. Time is key," Flinn said. We only have 180 days to get them through [training]."

Prompt treatment offers a clinical benefit. "The injury heals more quickly when treatment is started right away," Flinn said. "And recruits stay motivated to keep training."

Most recruits who suffer sports medicine injuries spend time in the Medical Rehabilitation Platoon (MRP), where they receive physical therapy before returning to their

training unit.

"Each patient gets individualized, written instructions for exercise ," said Lt. Jeff Damaschke, MSC, head of the Naval Hospital's Physical Therapy Clinic. "At the MRP, [recruits] are monitored on a regular basis by our hospital corpsmen."

While improving the care of bone, joint and other injuries, the branch clinic staff also addresses a recruit's emotional health through the "Shadow" program.

The program, a joint effort between the Branch Clinic's Mental Health Unit and the Recruit Training Regiment (RTR), is designed to promote recruit safety and retention.

The stress of boot camp life can lead to emotional breakdowns, or the appearance of emotional breakdowns, for recruits - and a safety-versus-attrition dilemma for providers.

"This program allows for a cooling off period," Flinn said, where recruits are temporarily removed from training and interviewed by their senior drill instructor and company officers. The next day recruits are evaluated by the Mental Health Unit to determine whether they can continue training.

Historically, the Corps has had a poor retention rate among first-time enlistees. With a price tag of over \$20,000 to recruit and train a single Marine, the service can no longer afford to drop recruits as casually as before.

Recruiting is more difficult than ever these days, says Gunnery Sgt. Ann Hubbard, a Parris Island drill instructor and former recruiter. "The youth of today are more sedentary," she said. "They have poor eating habits and their fitness levels are atrocious. This makes them much more susceptible to injury."

-USN-

Headline: Master chief with the golden touch for advancement

By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, ILL. -- It seems wherever he goes, be it naval hospitals in Hawaii or Great Lakes, Sailors get to put on an extra stripe and gain more money, respect and responsibility and build a Navy career.

Chief Hospital Corpsman (FMF) Dennis Sego said being squared away and hitting the books in an organized manner are the secrets to gaining advancement in the Navy. Sego has a method for hitting the books that was used by Sailors in Hawaii where 33 out of 35 who attended Sego's advancement classes became petty officers.

Sego credits this extraordinary accomplishment to Master Chief Hospital Corpsman Bart Fraker, USN (Ret). Fraker is known throughout the Navy for his system of drills and repetition that has advanced many sailors. Even while retired Fraker helps hospital corpsmen advance.

"Having been in the Navy 10 years, I thought my life

revolved around softball games and wrestling tournaments. Like many I saw myself coming closer to advancement with every time I took the test," said Sego.

Sego said that throughout his time as a petty officer, he would start with the intent to put forth an earnest effort, before each test, and then by the second or third week stop studying altogether.

It took Fraker who instilled in Sego discipline, dedication, and repetition in his studies and a sense that a chief petty officer cared enough about the success of a sailor.

Here at Great Lakes, three weeks before an advancement exam, HMC Sego forms a study group and using Fraker's system proceeds to drill the Corpsmen. A typical class is two hours long and meets six times a week for those three weeks. The class starts with 45 minutes of breaking down complex medical concepts into easy to remember acronyms. For example "Nobody Cares But Very Thoughtful People" becomes a way to break down Nerve, Blood, Choking, Blister, Vomiting, Tear and Psycho-chemical which are all agents used in Nuclear Chemical and Biological Warfare.

After the acronyms Sego goes into the homework assignments which are given every night. A hospital corpsman receives between 20 to 130 questions on various subjects ranging from anatomy to naval correspondence to be answered before the next meeting.

Sego's study classes are an example of chief petty officers taking charge of sailors and bringing up the future leaders of Navy Medicine.

"If it were not for Fraker many Corpsmen would not have advanced to their current ranks," Sego said. "I believe there is no better retention tool than being advanced in rank."

-USN-

Headline: Operational preventive medicine course: Forum for lessons learned

From: Naval Environmental and Preventive Medicine Unit 5

SAN DIEGO -- Where do I find malaria chemoprophylaxis information for Eritrea? What are the current emerging infections of concern in the operational environment? What should I expect from a Joint or Multi-national operation? What does MOPP, MAGTF, FDP MU, FSSG, T/O, and AMAL mean? These are just a few of the questions that were answered during previous Operational Preventive Medicine Courses (OPMC).

This year, the annual Operational Preventive Medicine Course will be conducted at Navy Environmental and Preventive Medicine Unit-5 June 12-23 at Naval Station San Diego. Topics will include epidemiology, international health care issues, field medical entomology, emerging infections, chemical/biological warfare, pre-deployment planning, after-action reports, venomous animals, briefing techniques, lessons learned and Fleet Marine Force

organization.

The Naval School of Health Sciences, Bethesda, Md., has previously awarded 80 hours, Category 1 of the Physician's Recognition Award of the American Medical Association to students who successfully complete the course.

The course is primarily targeted to physicians, and is open to Navy active duty and reserve Medical Service Corps, Medical Corps, Nurse Corps, Dental Corps officers and PMTs and IDCs (E-7 and above).

Attendance by E-6s and E-5s with operational tasks will be considered on a case-by-case basis. Although there is no fee for the course, the student's command is responsible for arranging and funding travel and billeting.

The objective of the OPMC is to identify mission critical public health concerns in operational settings, with an emphasis on planning and practical management of preventive medicine operations from pre-deployment to post-deployment. The course is a forum for lessons learned during field operations; from Vietnam to Desert Shield/Storm, to Restore Hope to Native Fury and Tandem Thrust, and CENTAM Relief.

Included in the course is a two-day field exercise that allows students "hands-on" experience with preventive medicine equipment and procedures.

To request attendance contact the NEPMU-5 training team assistant at DSN: 526-1435 or commercial (619) 556-1435. Contact the course director at: email Capt. Ledbetter at: ekledbetter@nepmu5.med.navy.mil. or course coordinator: email Al Tirado at altirado@nepmu5.med.navy.mil

-USN-

Headline: Symposium will present combat trauma management techniques

By LT Youssef Aboul-Enein, MSC, Naval Hospital Great Lakes

GREAT LAKES, ILL -- Reserve Fleet Hospital Great Lakes in conjunction with Naval Hospital Great Lakes will host a Combat Trauma Symposium at the Ramada O'Hare Plaza Hotel from 8 a.m. to 4 p.m., June 17 and 18. The symposium is open to all military and non-military personnel with an interest in combat surgical information, combat medicine and field treatment techniques and technology.

"The emphasis is on training our active and reserve medical personnel for future conflicts," said Capt. Harry Friedman, MC, director of surgical services for Reserve Fleet Hospital Great Lakes.

The event will feature a special videotaped message from Navy Surgeon General, Vice Adm. Richard Nelson, MC, as well as a personal appearance by the Surgeon General of the Israeli Defense Forces, General Aryeh Eldad. Appearances by Capt. Rick Jolly, Royal Navy Medical Corps and Medal of Honor Recipient former Hospital Corpsman Third Class Robert Ingram are also scheduled.

Jolly will speak about the medical aspects of the 1982 Falkland Islands war between Great Britain and Argentina. He will focus on the combat casualty management of the more

than 80 wounded, whose injuries ranged from minor shrapnel scratches to burns and loss of limbs.

The Israeli Surgeon General, General Eldad, will discuss developments in the delivery of combat medicine within the Israeli Defense Forces (IDF). Faced with years of combat experience during the four Arab-Israeli Wars and continued fighting in Southern Lebanon, the Israelis through trial and error have developed sophisticated and rapid trauma intervention techniques.

Also scheduled is Dr. Nagib Brackovic, who will speak about his experiences during the Bosnian conflict.

Yosef Bodansky, Director of the House Select Committee on Terrorism will also speak about the future of worldwide terrorism in the twenty-first century. Bodansky is the nation's expert on Osama Bin-Laden. He has published a biography about Bin-Laden based on over a decade of research and analysis titled, Bin-Laden: The Man Who Declared War On America.

Registration for the event is \$125 for civilians, \$75 for officers and \$40 for enlisted personnel. Contact Chief Hospital Corpsman Rhonda Carr at 847-688-2793 or DSN 792-2719 for a registration form. The Ramada O'Hare Plaza Hotel, situated near O'Hare International Airport has reduced rates for conference attendees. Call 1-800-2-RAMADA or call direct at 847-827-5131 for details.

-USN-

Headline: Anthrax question and answer
From Bureau of Medicine and Surgery

Question: Who approved this vaccination program? On what authority?

Answer: Final decision to vaccinate was made by the Secretary of Defense in accordance with the procedures prescribed in DoD Directive 6205.3, Immunization Program for Biological Warfare Defense. The Coast Guard Chief of Staff concurred with this action. The vaccine implementation plan was developed with the full cooperation of the Services and the Joint Chiefs of Staff, the Office of the Assistant Secretary of Defense for Health Affairs, and was coordinated with the Armed Forces Epidemiological Board (an independent civilian medical advisory board) and appropriate medical agencies.

For more information visit the Navy medical anthrax website at <http://www-nehc.med.navy.mil/prevmed/epi/anthrax> or the DOD anthrax website at <http://www.anthrax.osd.mil>

-USN-

Headline: TRICARE question and answer
From Bureau of Medicine and Surgery

Question: Which is the best of the three TRICARE options for a retiree who lives in two different parts of the country?

Answer: For a retiree with two residences, because of the new "Portability Rules" they will still have the triple option available and can choose the best option for themselves.

The only change is that if they choose Prime they will be able to disenroll and reenroll twice in the same year as long as their second re-enrollment is in the original region. For those individuals desiring more flexibility they may want to elect to utilize either TRICARE Extra or Standard.

For more information, visit the TRICARE website at <http://www.tricare.osd.mil>.

-USN-

Headline: Healthwatch: Vaccine not the first choice for Lyme disease

By Kimberly A. Rawlings, Bureau of Medicine and Surgery

Imagine a bug, no bigger than the head of a pin, being able to handicap a creature more than 100 times its size.

That is what happens when an infected deer/bear or western black-legged tick takes a bite into a human, transmitting Lyme disease.

Lyme disease in its early stages can cause a rash, fatigue, muscle and joint pain and fever. In the later stages this disease can cause arthritis, nervous system abnormalities such as meningitis and Bell's palsy (partial facial paralysis).

With the incidence of Lyme disease rising in the United States, many have wondered if our military members are at increased risk for this disease, and whether we should immunize our personnel with the new vaccine.

The Uniformed Services University of the Health Sciences recently completed a survey to determine the use of a Lyme disease vaccine, LYMERix, within the military populations.

Last year LYMERix was licensed by the Food and Drug Administration. This vaccine, approved for use in individuals from 15 to 70 years of age, requires a three dose series to provide complete protection.

Evidence of past Lyme disease exposure was sought by testing blood samples drawn from a random selection of personnel from all services and geographic regions. The study showed the military population to be at a very low risk of Lyme disease, said Cmdr. Wayne Z. McBride, MC, preventive medicine program manager at the Bureau of Medicine and Surgery.

The survey calculated the prevalence rate for Lyme disease in the military is 0.12 per 100,000 people compared to the US general population prevalence of 5.0 per 100,000, said McBride.

The study did not support the need for wide use of the vaccine. "We [the military] will follow the approved guidelines of offering the vaccine only to individuals whose occupation or recreational habits place them at risk for exposure to Lyme disease," McBride said.

Those who frequent wooded, brushy and grassy places are commonly exposed to ticks. "The prevalence of Lyme disease is highly regional with the majority of cases reported in the Northeast and Upper Midwest of the United States," said McBride. "Those who feel they may be at risk for Lyme

disease because of the amount of time they spend outdoors in a high risk area should consider receiving the vaccine."

At Marine Corps Base Quantico, a training site in a heavily wooded area, treated about 20 cases of Lyme disease in 1999 in the active duty population with the Navy provided antibiotic for those who exhibited the symptoms of Lyme disease, said. Lt. Charles B. Stone, MC, general medical officer at Naval Medical Clinic Quantico.

"We give doxycycline for three to four weeks for the early stages," said Stone. More antibiotics are given for longer period of time in the later stages.

"Antibiotics will cure you of Lyme Disease," said Stone. "Once treated for the episode of Lyme disease, you can get it again. It's not like chicken pox where you can only get it once."

All ticks do not carry Lyme disease and every tick bite does not mean an infection. When exposed to a tick-infested habitat conduct frequent checks for ticks and carefully remove them when found.

Ticks are slow eaters and can take up to several days to feed and infect. Body searches every four to eight hours can significantly reduces the chance of getting the disease.

-USN-

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.